



Oregon
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November 13, 1998

Nancy-Ann Min DeParle
Administrator
Health Care Financing Administration
Department of Health & Human Services
Washington, D.C. 20201



Dear Ms. Min DeParle:

We were most pleased to receive your letter approving our Family Planning Expansion Project for the period October 1, 1998, through September 30, 2003. As Manager of the Family Planning Unit of the Oregon Health Division, I will be the lead staff responsible for coordinating implementation of this demonstration project. I will be pleased to work alongside Alisa Adamo in this effort.

We believe this unique family planning project will not only meet the budget neutrality requirements of such demonstration projects but serve to enhance in a concrete manner the availability and use of family planning services throughout our state. We are excited by the opportunity and look forward to working with you throughout its implementation.

We have reviewed the Special Terms & Conditions and are prepared to demonstrate compliance as required. Consistent with that, we have forwarded to Alisa Adamo an implementation proposal which contains a description of the provider development and client outreach plans already in place and planned for the immediate future. It is our hope that this plan will meet with the approval of our Project Officer so that start-up of the program will not be delayed. Other reports and plans required by the terms and conditions will be submitted as required.

Sincerely,

Jeanne Atkins
Manager, Family Planning Unit
Oregon Health Division

cc: Alisa Adamo
Liz Trias

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Proposed Implementation Schedule
Oregon Family Planning Expansion Project

Phase 1: January 1997 - December 1998

1. Provider preparation and early referral network development

- 1/97-6/98

In January of 1997 a special Expansion Project Work Group was established with representation from county health departments and Planned Parenthoods as well as Health Division and Medicaid staff. The HCFA waiver proposal that was eventually submitted was a product of that work group. The proposal was sent in its entirety to every provider who will be part of the initial network. Regular reports on operational developments have been made at meetings of county health officers, nursing supervisors in family planning clinics, and annual meetings where public health providers convene. The program design and possible clinic preparation for expanded services has been discussed at site visits throughout the last year.
- 7/98-10/98

Beginning in July of 1998, when the Terms and Conditions of project approval were negotiated, documentation of provider policies began in earnest. Provider representatives have been directly involved in design of the eligibility screening mechanisms and billing procedures that will be used in this program.
- 11/98-12/98

In anticipation of HCFA final approval, five regional provider trainings were set for the week of November 16. Our expectation is that at least 25 of the agencies, representing as many as 50 clinic sites, will attend these trainings. These workshops will give instructions regarding the additional information they must collect as part of patient intake and eligibility assessment and the changes to their normal reporting documents that will expand to include billing information. Health Division staff will provide follow-up technical assistance on an ongoing basis, including special meetings with those providers who could not attend the trainings.
- 7/98-10/98

Miscellaneous outreach activities.
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Oregon Health Division staff provided training in early October about family planning generally and about the Expansion Project specifically to 20 new AmeriCorps workers who will be working at local health departments as part of OHD's Health Links program. These AmeriCorps workers have the specific task of developing systems at the local level to coordinate services and help clients

who seek services as varied as access to the Oregon Health Plan, WIC, immunization, HIV and family planning.

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OHD Family Planning Staff presented a workshop and staffed an information table at the OHD’s Multicultural Health Conference held in Portland in September. The workshop focused on strategies for providing family planning services to many communities, including addressing financial barriers to care. Information about services available at current clinic sites, together with information about the potential for the planned expansion project was made available. Staff also took the opportunity to do research at the conference by surveying more than 40 providers of a variety of services about how they saw their clients’ access to and interest in family planning.
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The Center for Child and Family Health, which includes the Family Planning Unit, conducted a statewide Maternal & Child Health Conference October 27-30. This Conference included an ongoing display announcing the expansion project as part of family planning services available around the state; a workshop discussing unintended pregnancy and communication strategies around that subject; and a meeting with family planning providers who will be participating in the Expansion Project.
- 10/98-12/98

Development of plan for outreach and training of referral sources -- state government agencies. Planned contacts include:

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Adult and Family Services field staff

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Outstationed eligibility workers who are part of the “Community-based Application Assistance Project” operated by the Office of Medical Assistance

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State and local Commissions on Services to Children & Families, with specific coordination with their Healthy Start (prenatal care) projects.

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WIC Coordinators statewide

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State low-income health insurance program staff - FHIAP

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State Juvenile Justice Programs

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State network (17 programs) of Oregon Single Parent/Displaced Homemakers

Phase 2: January 1999 through July 1999

1. Client identification

Identification of clients eligible for the Expansion Project will begin at the clinic level.

Staff continuously track income levels and insurance status of all clients who are seeking services at local health departments and Planned Parenthood Clinics. This data has been used to project the numbers of clients who can be reached in the first months of program operation.

At this point we estimate that, in the first month of full implementation, approximately **3,000 clients** who will be seeking services from these providers will be found to qualify for the program. **Based on a typical monthly client count, about 1,500 of these clients will be visiting a family planning clinic for the first time.**

As part of the discussion with providers over the last several months, OHD and OMAP staff have encouraged them to begin considering how information about the program will be presented to clients who come to the clinic seeking services now provided on a sliding fee scale. Considerable problem-solving and group discussion about appropriate ways to share this information with clients has been accomplished and will be solidified in the regional trainings in November.

It is our belief that because of the advance discussions of these matters in a wide range of forums over the past two years that providers are prepared to implement these new steps quickly and efficiently. We have also worked to make the Expansion Project benefit package and claim processing as consistent as possible with mechanisms currently being used. Therefore, it is both possible and appropriate for these providers to begin immediately informing new and continuing clients about the program, and assessing them for eligibility. They are already providing services appropriate for billing under the program.

2. Referral Network development

1/99-4/99	Implement plan for state agency referral network.
1/99-3199	Develop plan for state referral network outside state government agencies.
4/99-7/99	Implement plan for outside referral network.
	Utilization of the SAFENET statewide toll-free hotline.
	SAFENET is a statewide project involving use of toll-free numbers for parents, women of childbearing age, and adolescents. Telephone information and referral specialists will provide information about preventive and primary health programs, access to Oregon medical Assistance programs, and referrals to health care providers who provide these services under Title V and Title XIX. The SAFENET line and its subsidiary “Teen Health Info/Line” already provide referral for family planning information and care to the provider network involved in the Expansion Program; training of information specialists will assure that

appropriate callers will be informed where services will be available and the fact that those services may be cost-free upon eligibility screening.

3/99-5/99 Assess local outreach plans as submitted through annual grant process.

As part of the Title X grant program, all local programs are required to have basic outreach programs in place. We will be examining how best to support those efforts and how to coordinate state efforts with those developed at the local level. Activities in # 2 above will also be approached with local direction and needs in mind.

6/99-9/99 Use technical assistance to assist in improvement and expansion of local outreach plans.

1/99-6/99 Research for Social Marketing campaign; campaign to be conducted in Phase 3.

Five research objectives have been identified as critical to for determining the outreach strategies for the remainder of the project. These include (1) identifying factors that motivate target populations to use effective methods of contraception; (2) identifying factors that deter contraceptive use; (3) identifying the most effective information channels for promoting contraceptive use among target populations; (4) identifying effective strategies for promoting contraceptive use; and (5) identifying effective strategies for encouraging private providers, health and social services agencies and community organization to promote unintended pregnancy prevention among staff and clients resulting in referral to services. Target populations for research include low-income women, men, and adolescents.

Our current focus has been on developing and distributing provider surveys; staff are also collecting and reviewing customer satisfaction tools used in the provider community. Investment in development of the research tools and implementation of the research program has been deferred until official project start-up.

Phase 3: July, 1998 through June, 2003

- 1. Ongoing client identification at clinics and operation of referral network.**
- 2. Implementation of the Social Marketing Campaign**

The purpose of the Social Marketing Campaign will be to promote access to family planning services by making beneficiaries aware of the availability of covered services and of the benefits of effective use of contraceptives.

Key components of the campaign will include:

- ◆ Identification and characterization of the target audiences.
- ◆ Development of messages and materials specific to target population needs.
- ◆ Use of Targeted media
- ◆ Provision of outreach materials and training in all communities.
- ◆ Coordination with other state and local outreach efforts.
- ◆ Ongoing project monitoring and evaluation.
- ◆ Willingness to make changes in the way family planning services are delivered in order to better fit the target audiences' needs.

Specific strategies employed during the campaign will be dependent upon the results of research conducted 1/99-6/99.

